## KECHI POLICE DEPARTMENT

VEHICLE NUMBER \_\_\_\_\_ INJURY \_\_\_\_ NON-INJURY \_\_\_\_ HIT AND RUN \_\_\_\_ Kechi, Kansas 67067 316-744-6611 Fax: 316-201-6962 CASE NUMBER \_\_\_\_\_
CONNECTING CASE\_\_\_\_
CITATION NUMBER \_\_\_\_
CLASSIFICATION

## \*\*\*CONFIDENTIAL TRAFFIC COLLISION REPORT FORM\*\*\*

PLEASE PRINT Location of Accident	PRINT of Accident Date of Accident					
	DRIVER'S	INFORMATION				
DRIVER'S NAME						
Last Name		First Name		Middle Name		
		·				
	SEX SSN #			•		
	Cell					
	_ DRIVER'S LICENSE #					
	OCCUPATION					
	_ EMS ON SCENE: YES NO	TRANSPORT: YES				
	VEHICLE I	NFORMATION				
VIN #	Year_	Make	Model			
Odometer Color	rLicense Plate #	Stat	e	Expires:		
	Fire	t Nama	Middle	Nama		
Last Name		First NameCity		Middle Name		
	Cell	•				
	RANCE COMPANY					
			02:01 11			
ROAD CONDITIONS		W	EATHER CONDITIONS			
DIRECTION OF TRAVEL	DISTANCE DANGER NOTICED	FEET   YOUR SPEED_	MPH   POSTE	SPEED LIMIT MPH		
	DESCRIBE THE TRAF	FIC COLLISION IN DETA	<u>IL</u>			
DRIVER'S SIGNATURE	D	ATET	IME	Occupant Seating		
OFFICER SIGNATURE	D.	ATE T	IME	Front of Vehicle 1 2 3 4 5 6 7 8 9		

## PASSENGER INFORMATION

PASSENGER #1			A	NDDRESS			PHONE #	
DOB	_AGE	_RACES	SEX	SEAT#[	SEAT BELTS: YES / NO	INJURY: YE	S / NO EMS TRANSPORTED: YES / NO	
PASSENGER #2			A	ADDRESS			PHONE #	
DOB	_AGE	_RACE	SEX	SEAT#	SEAT BELTS: YES / NO	INJURY: YE	S / NO EMS TRANSPORTED: YES / NO	
PASSENGER #3			Δ	ADDRESS			PHONE #	
							S / NO EMS TRANSPORTED: YES / NO	
PASSENGER #4				ADDRESS			PHONE #	
DOB	_AGE	_RACES	SEX	SEAT#[	SEAT BELTS: YES / NO	INJURY: YE	S / NO EMS TRANSPORTED: YES / NO	
CONTINUATION OF STATEMENT								
DRIVER'S SIGNATI	JRE							
TO BE COMPLETED BY OFFICER								
VEHICLE EQUIPPE SEAT BELTS SHOULDER HARNI HEAD REST DRIVER'S ED TRAI	ESS	YES NO	<u>IN</u>	USE YES NO	*CYCLES ONLY* MOTORCYCLE HELMET WORN EYE PROTECTION CYCLE DRIVER'S ED	YES NO	VEHICLE REMOVAL PRIVATE TOW □ DRIVEN AWAY □ IMPOUNDED □ LEFT ON SCENE□ TOW DRIVER NAME	
□ AUTOMOBILE □TRUCK □ BUS □ M/C □ M/C PASS □ OTHER					TOW COMPANY			